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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	:129200002		CITY OR TOWN	TRURO	
APPLICATION FOR	RENEWAL:	Seasonal	LICEN	SED FOR 20	013
		CLASS			YEAR
LICENSEE NAME:	ROBERT L. RICE	INC.			
DOING BUSINESS A	A WHITMAN HOU	JSE			
ADDRESS 7 GRT.HO	OLLOW RD.				
CITY/TOWN: TRU	RO	STATE: MA	ZIP CODE:	02666	
MANAGER: RICE,	ROBERT L. TYI	PE OF LICENSE: Rest	aurant CA	ATEGORY:	All Alcohol
EMAIL ADDRESS:					
P	LEASE ALSO VISIT OUR W	EBSITE AND ENTER YOUR EM	AIL ADDRESS		1
DESCRIPTION OF L	ICENSED PREMIS	SES:			
DINING ROOMS AND STORAGE. LOCATED		E, CELLAR, STORAGE TTRURO, MASS	, 2ND FLOOR REST	ROOMS AND)
I hereby certify and sv	wear under penalties	of perjury that:			
1. the renewe	d license will be of	the same type for the s	same premises now	licensed;	
2. the license	e has complied with	all laws of the Comm	onwealth relating to	o taxes; and	
3. the premise	es are now open for	business (If not explain	in below)		
SIGNED BY:					
	Individual, Partner	or Authorized Corpor	rate Officer		
D 4 (T)					
DATE:	TELEPHON	E NUMBER:	EMPLOYER (Note: <u>NOT</u> Ind		ION NUMBER:
			(Note: NOT IIId	ividuai sociai so	ecurity Number)
Acts of 2004, signed	by the building in	e in possession (1) the spector and the head f liquor liability insur	of the fire departs	ment for the	above
Please Check Below:			LOCAL LICENS	ING AUTHO	ORITY
APPROVED:			By:		
DISAPPROVED:					
(If disapproved explain	n)		-		
DATE:					



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ON PREMISES LICENSE RENEWAL APPLICATION

	CI'.	TY OR TOWN	TRURO	
APPLICATION FOR RENEWAL:	Seasonal	LICENS	ED FOR 20	13
	CLASS		,	YEAR
LICENSEE NAME: PAMET RESTAUR	RANT GROUP INC.			
DOING BUSINESS A BLACKFISH				
ADDRESS 17 TRURO CENTER RD				
CITY/TOWN: TRURO	STATE: MA	ZIP CODE:	02666	
MANAGER: JANSEN, ERIC TYP	E OF LICENSE:Restaur	ant CA	TEGORY:	All Alcohol
EMAIL ADDRESS:				
PLEASE ALSO VISIT OUR WE	BSITE AND ENTER YOUR EMAIL	ADDRESS		
DESCRIPTION OF LICENSED PREMIS	ES:			
1 1/2 STORY BLDG WITH 3 ROOMS AND A SIDE OF ROAD	ADJACENT TERRACE, B	OTH ENTRANCE	E AND EXIT	ON EAST
I hereby certify and swear under penalties	of perjury that:			
1. the renewed license will be of t	he same type for the sam	e premises now l	icensed;	
2. the licensee has complied with	all laws of the Commons	vealth relating to	taxes; and	
3. the premises are now open for l	business (If not explain b	elow)		
SIGNED BY:				
Individual, Partner	or Authorized Cornerate	Officer		
	of Authorized Corporate			
	or Authorized Corporate			
	or Authorized Corporate			
DATE: TELEPHONI				ION NUMBER:
DATE: TELEPHONI		EMPLOYER (Note: NOT Indi		
DATE: TELEPHONI We the undersigned, attest that we are Acts of 2004, signed by the building ins named license and (2) the certificate of of 2010.	E NUMBER: in possession (1) the cerpector and the head of	(Note: <u>NOT</u> Indi- rtificate require the fire departn	vidual Social Se d by Chapte nent for the	er 304 of the above
We the undersigned, attest that we are Acts of 2004, signed by the building ins named license and (2) the certificate of of 2010. Please Check Below:	E NUMBER: in possession (1) the cer pector and the head of liquor liability insurance	(Note: <u>NOT</u> Indi- rtificate require the fire departn	vidual Social So d by Chapte nent for the Chapter 116	er 304 of the above of the Acts
We the undersigned, attest that we are Acts of 2004, signed by the building ins named license and (2) the certificate of of 2010. Please Check Below: APPROVED:	E NUMBER: in possession (1) the cerpector and the head of liquor liability insurance	(Note: <u>NOT</u> Indi- rtificate require the fire departn ce required by (vidual Social So d by Chapte nent for the Chapter 116	er 304 of the above of the Acts
We the undersigned, attest that we are Acts of 2004, signed by the building ins named license and (2) the certificate of of 2010. Please Check Below: APPROVED: DISAPPROVED:	E NUMBER: in possession (1) the cerpector and the head of liquor liability insurance	(Note: NOT Indi- rtificate require the fire departn ce required by C	vidual Social So d by Chapte nent for the Chapter 116	er 304 of the above of the Acts
We the undersigned, attest that we are Acts of 2004, signed by the building ins named license and (2) the certificate of of 2010. Please Check Below: APPROVED:	E NUMBER: in possession (1) the cerpector and the head of liquor liability insurance	(Note: NOT Indi- rtificate require the fire departn ce required by C	vidual Social So d by Chapte nent for the Chapter 116	er 304 of the above of the Acts
We the undersigned, attest that we are Acts of 2004, signed by the building ins named license and (2) the certificate of of 2010. Please Check Below: APPROVED: DISAPPROVED:	E NUMBER: in possession (1) the cerpector and the head of liquor liability insurance	(Note: NOT Indi- rtificate require the fire departn ce required by C	vidual Social So d by Chapte nent for the Chapter 116	er 304 of the above of the Acts



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	:129200006		CITY OR TOWN	N TRURO	
APPLICATION FOR	RENEWAL:	Seasonal	LICE	NSED FOR 20	013
		CLASS			YEAR
LICENSEE NAME:	TOP MAST RESOI	RT INC.			
DOING BUSINESS A	A TOP MAST CAFI	Ź			
ADDRESS 209 SHO	RE ROAD				
CITY/TOWN: TRU	RO	STATE: MA	ZIP CODE:	02652	
MANAGER: SILV	A, ALBERT R. TYP	E OF LICENSE:Res	taurant (CATEGORY:	All Alcohol
EMAIL ADDRESS:					
F	LEASE ALSO VISIT OUR WE	BSITE AND ENTER YOUR EN	MAIL ADDRESS		_
DESCRIPTION OF I	LICENSED PREMIS	ES:			
TWO STORY BLDG. UKITCHEN, RESTROOM		AGERS QUARTERS. 1	LOWER STORY IS	THE RESTAU	RANT &
I hereby certify and sv	wear under penalties	of perjury that:			
1. the renewe	ed license will be of t	he same type for the	same premises no	w licensed;	
2. the license	e has complied with	all laws of the Comm	nonwealth relating	to taxes; and	
3. the premis	es are now open for l	ousiness (If not expla	nin below)		
SIGNED BY:	T 1 1 1 1 D .	A .1 . 1.0	. Osc		
	Individual, Partner	or Authorized Corpo	orate Officer		
DATE:	TEL EDITOR		EMBI OVI	ER IDENTIFICAT	TON NUMBED.
21112.	TELEPHONI	i NUMBER:		ndividual Social S	
We the undersigned Acts of 2004, signed named license and (of 2010.	by the building ins	pector and the head	l of the fire depar	tment for the	above
Please Check Below:			LOCAL LICEN	ISING AUTHO	ORITY
APPROVED:			By:		
DISAPPROVED:					
(If disapproved explain	111)				
DATE:					



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER:	129200007		CITY OR TOWN	TRURO
APPLICATION FOR	RENEWAL:	Seasonal	LICEN	SED FOR 2013
		CLASS		YEAR
LICENSEE NAME:	ADRIAN'S AND C	O., INC.		
DOING BUSINESS A	A ADRIANS'			
ADDRESS 535 RTE.	6			
CITY/TOWN: TRUI	RO	STATE: MA	ZIP CODE:	02666
MANAGER: CYR,	ADRIAN G. TYF	'E OF LICENSE:Res	taurant CA	ATEGORY: All Alcohol
EMAIL ADDRESS:				
P	LEASE ALSO VISIT OUR WI	EBSITE AND ENTER YOUR EM	IAIL ADDRESS	
DESCRIPTION OF L	ICENSED PREMIS	SES:		
TWO STORY BLDG., I	DINING ROOMS, KI	ΓCHEN/STORAGE AR	EA, AND DECK ON	GROUND FLOOR.
I hereby certify and sv	vear under penalties	of perjury that:		
1. the renewe	d license will be of	the same type for the	same premises now	licensed;
2. the licensee	e has complied with	all laws of the Comn	nonwealth relating to	taxes; and
3. the premise	es are now open for	business (If not expla	in below)	
SIGNED BY:			0.00	
	Individual, Partner	or Authorized Corpo	rate Officer	
DATE:	TEL EDITOR		EMDI OVED	IDENTIFICATION NUMBER:
21112.	TELEPHON	E NUMBER:		ividual Social Security Number)
Acts of 2004, signed	by the building ins	spector and the head	of the fire departi	ed by Chapter 304 of the ment for the above Chapter 116 of the Acts
Please Check Below:			LOCAL LICENS	ING AUTHORITY
APPROVED:			By:	
DISAPPROVED:				
(If disapproved explai	n)			
DATE:				



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUI	MBER: 129200011		CITY OR TOWN TRURO	
APPLICATION	N FOR RENEWAL:	Seasonal	LICENSED FOR 2	013
		CLASS		YEAR
LICENSEE NA	AME: JAMS INC.			
DOING BUSIN	NESS A			
ADDRESS RC	OUTE 6A			
CITY/TOWN:	TRURO	STATE: MA	ZIP CODE: 026666	
MANAGER:	ROSENTHAL, MARK	TYPE OF LICENSE:Pa	ckage Store CATEGORY:	Wine and Malt Regular
EMAIL ADDR	RESS:			
	PLEASE ALSO VISIT	OUR WEBSITE AND ENTER YOUR E	MAIL ADDRESS	
DESCRIPTION	N OF LICENSED PR	EMISES:		
TWO STY BLD	G. 1ST FLR SALES RI	M ANS ST. 2ND FLR APT		
I hereby certify	and swear under pen	alties of perjury that:		
1. the	renewed license will	be of the same type for the	e same premises now licensed;	
2. the	licensee has complied	l with all laws of the Com	monwealth relating to taxes; and	
3. the	premises are now ope	en for business (If not expl	ain below)	
SIGNED BY:				
BIGITED D1.	Individual, Pa	artner or Authorized Corp	orate Officer	
DATE:	TEI ED	HONE NUMBER:	EMPLOYER IDENTIFICA	TION NUMBER:
	TELEF	HONE NUMBER.	(Note: NOT Individual Social	
Please Check Belo	ow:		LOCAL LICENSING AUTH	ORITY
APPROVED:			By:	
DISAPPROVE	ED:			
(If disapproved	l explain)			
D				
DATE:				



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBE	ER: 129200012		CI	TY OR TOW	N TRURO	
APPLICATION FO	OR RENEWAL:	Seaso	nal	LICE	ENSED FOR 20	013
		CLA	SS			YEAR
LICENSEE NAME	E: CENTRAL LIQUOI	RS OF TRUI	RO, INC.			
DOING BUSINESS	S A					
ADDRESS ROUTI	E 6					
CITY/TOWN: TR	URO	STATE:	MA	ZIP CODE:	02666	
MANAGER: PEI	RRY, SCOTT W. TYPI	E OF LICEN	SE:Packag	e Store	CATEGORY:	All Alcohol
EMAIL ADDRESS	3:					
	PLEASE ALSO VISIT OUR WEE	BSITE AND ENTER	R YOUR EMAIL	ADDRESS		
DESCRIPTION OF	F LICENSED PREMISI	ES:				
SINGLE STORY, TV MASS	VO ROOMS, FULL BASI	EMENT FOR	STORAGE.	LOCATED OF	N ROUTE 6 IN T	ΓRURO,
I hereby certify and	swear under penalties of	of perjury tha	ıt:			
1. the rene	wed license will be of the	ne same type	for the san	ne premises no	ow licensed;	
2. the licen	see has complied with a	all laws of th	e Common	wealth relating	g to taxes; and	
3. the prem	nises are now open for b	ousiness (If n	ot explain l	pelow)		
SIGNED BY:	Individual, Partner of	r Authoriza	1 Cornorate	Officer		
	marviduai, Parmer (or Authorized	1 Corporate	Officer		
DATE:	TELEBLIONE	NHIMDED.		EMPL OY	ER IDENTIFICAT	TION NUMBER:
	TELEPHONE	E NUMBEK:			Individual Social S	
Please Check Below: APPROVED:]				NSING AUTH	ORITY
DISAPPROVED:			Ė	By:		
(If disapproved exp	lain)		.=			
			-			
			=			
DATE:						



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 129200018	(CITY OR TOWN TRURO	
APPLICATION FOR RENEWAL	Seasonal	LICENSED FOR 20	013
	CLASS		YEAR
LICENSEE NAME: STOSTEF, DOING BUSINESS A TERRA L			
ADDRESS ROUTE 6A			
CITY/TOWN: TRURO	STATE: MA	ZIP CODE: 02666	
MANAGER: STEFANI, RAINA B.	A TYPE OF LICENSE: Resta	urant CATEGORY:	All Alcohol
EMAIL ADDRESS:			
	IT OUR WEBSITE AND ENTER YOUR EMAI	IL ADDRESS	
DESCRIPTION OF LICENSED FOR STORY BLDG. DINING ROO			
2. the licensee has compli	ll be of the same type for the sa ied with all laws of the Commo pen for business (If not explain	nwealth relating to taxes; and	
SIGNED BY: Individual,	Partner or Authorized Corpora	te Officer	
DATE: TELE	EPHONE NUMBER:	EMPLOYER IDENTIFICATION (Note: NOT Individual Social S	
We the undersigned, attest that Acts of 2004, signed by the build named license and (2) the certific of 2010.	ding inspector and the head o	of the fire department for the	above
Please Check Below:		LOCAL LICENSING AUTH	ORITY
APPROVED:		By:	
DISAPPROVED: [[] (If disapproved explain)			
• •			
DATE:			



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMB	ER: 129200029		CITY OR TOW	N TRURO	
APPLICATION F	OR RENEWAL:	Seasonal	LICE	ENSED FOR 20	013
		CLASS			YEAR
	E: TOWN OF TRUE	RO NKS GOLF COURSE			
ADDRESS HIGH	LAND RD. BOX 162				
CITY/TOWN: TI	RURO	STATE: MA	ZIP CODE:	02652	
	MES S. TY NOWLES, II	PE OF LICENSE:Res	taurant	CATEGORY:	All Alcohol
EMAIL ADDRES	S:				
	PLEASE ALSO VISIT OUR	WEBSITE AND ENTER YOUR EN	AAIL ADDRESS		
DESCRIPTION O	F LICENSED PREM	ISES:			
	mises are now open fo	th all laws of the Comr r business (If not explant er or Authorized Corpo	nin below)	g to taxes, and	
DATE:		NE NUMBER:	(Note: NOT	YER IDENTIFICAT	Security Number)
Acts of 2004, sign	ned by the building in	e in possession (1) the aspector and the head of liquor liability insu	l of the fire depa	rtment for the	above
Please Check Below:			LOCAL LICE	NSING AUTHO	ORITY
APPROVED:			By:		
DISAPPROVED:	-1-:-)				
(If disapproved exp	piain)				
			-		
DATE:					



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUM	BER: 129200032		CITY OR TOWN TRURO	
APPLICATION	FOR RENEWAL:	Seasonal	LICENSED FOR 2	013
		CLASS		YEAR
LICENSEE NAM	ME: RUMTHACKE	R, INC		
DOING BUSINI	ESS A BABE'S REST	AURANT		
ADDRESS 69 S	HORE RD			
CITY/TOWN:	TRURO	STATE: MA	ZIP CODE: 02652	
	THRASHER, T PETER	YPE OF LICENSE:R	estaurant CATEGORY:	Wine and Malt Regular
EMAIL ADDRE	ESS:			
	PLEASE ALSO VISIT OUI	R WEBSITE AND ENTER YOUR	EMAIL ADDRESS	
	OF LICENSED PREM			
	OOMS WITH KITCHEN TWO EXITS TO REAR		ENTRANCE IN THE FRONT OF T	`HE
3. the pr		for business (If not exp		
DATE:	TELEPHO	ONE NUMBER:	EMPLOYER IDENTIFICA (Note: <u>NOT</u> Individual Social	
Acts of 2004, si	gned by the building	inspector and the hea	he certificate required by Chap ad of the fire department for the surance required by Chapter 11	e above
Please Check Below APPROVED: [DISAPPROVED] (If disapproved 6):		LOCAL LICENSING AUTH By:	ORITY
DATE:				



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER:	129200033		CITY OR TO	WN TRURO	
APPLICATION FOR 1	RENEWAL:	Seasonal	LIC	CENSED FOR 2	2013
		CLASS			YEAR
LICENSEE NAME: 0 DOING BUSINESS A					
ADDRESS 518 SHOR	E ROAD				
CITY/TOWN: TRUR	О.	STATE: MA	ZIP CODI	E: 02652	
MANAGER: COND C.	ON, DAVID TYP	E OF LICENSE:R	estaurant	CATEGORY	: All Alcohol
EMAIL ADDRESS:					
PL	EASE ALSO VISIT OUR WE	BSITE AND ENTER YOUR	EMAIL ADDRESS		<u> </u>
DESCRIPTION OF LI	CENSED PREMIS	SES:			
TWO STORY BLDG; DI ON 2ND FLOOR; 4 EXI					STORAGE
I hereby certify and sw	ear under penalties	of perjury that:			
1. the renewed	l license will be of t	the same type for the	ne same premises	now licensed;	
2. the licensee	has complied with	all laws of the Cor	nmonwealth relat	ing to taxes; and	I
	s are now open for l			,	
	-				
SIGNED BY:					
	Individual, Partner	or Authorized Cor	porate Officer		
DATE:	TELEPHONI	E NUMBER:	EMPL	OYER IDENTIFICA	ATION NUMBER:
	TEEET TOTAL	ETTENBER.	(Note: <u>NO</u>	T Individual Social	Security Number)
We the undersigned, Acts of 2004, signed I named license and (2 of 2010.	by the building ins	pector and the he	ad of the fire de	partment for th	e above
Please Check Below:			LOCAL LIC	CENSING AUTH	HORITY
APPROVED:			By:		
DISAPPROVED:					
(If disapproved explain	1)				
DATE:			-		
DATE.					